PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block ! for any change of address)

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WALKER DIGITAL MANAGEMENT, LLC 2 HIGH RIDGE PARK STAMFORD, CT 06905 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Veronika S. Leliever (Depositor's name)

Weronika S. Leliever (Signature)

February 28, 2008 (Date)

APPLICATION NO. FILENG DATE FIRST NAMED INVENTORS John M. Packes JR. Ol-040 1181 John M. Packes JR. Ol-040 Ol-991,168 II/142001 John M. Packes JR. Ol-040 Ol-040 Ol-040 II81 FIRST NAMED INVENTORS DEVICE AND METHOD FOR PROVIDING PAYOUTS BASED ON ACTIVITY AND RANKS OF OTHER GAMING APPLN TYPE SMALL ENTITY ISSUE FEE DUB PUBLICATION FEE DUB PREV. PAID ISSUE FEE TOTAL FEE(S) DUB DATE DUB ACTIVITY AND RANKS OF OTHER GAMING S300 \$0 \$1000 10/18/2007 EXAMINER ART UNIT CLASS-SUBCLASS DEODHAR, OMKARA 3714 463-016000 2. For priuting on the patient front page, list (1) the names of up to 3 registered patent attorneys or agents Of, alternatively, and a single firm (having as a member a registered attorney or agent). And the name is listed to name with be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unloss an assignee is identified below, no assignee data will appear on the patent. If an assignment. ANAME OF ASSIGNEE Walker Digital, LLC Stamford, CT Walker Digital, LLC Stamford, CT Management, Device on the patent of the private group entity Government, to Deposit Account Number of the private group entity Government, or Deposit Account Number of the private group entity Government, or Deposit Account Number of the private dot charge the required fee(s), any deficiency, or credit a very experiment, to Deposit Account Number of the private dot charge the required fee(s), any deficiency, or credit and overpayment, to Deposit Account Number of the private dot charge the required fee(s), any deficiency, or credit in Department, to Deposit Account Number of the private dot charge the required fee(s), any deficiency, or credit in Department, to Deposit Account Number of the Private dot charge the required fee(s), any deficiency, or credit in Department, to Deposit Account Number of the Privated to charge the required fee(s), any deficiency, or credit in Department, to Deposit Account Number of the Privated to Compare the required fee(s),						 		
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Walker Digital, LLC Stamford, CT Mease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gover a. The following fee(s) are submitted: Stamford, CT Abover Acheck is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit are overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra copy of this overpayment, to Deposit Account Number 50-0271 (enclose an extra co	(A) NAME OF ASSIC	ONEE		(B) RESIDENCE: (CITY	and STATE OR	COUNT	(RY)	
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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other interest as shown by the records of the United States Patent and Trademark Office. Date February 26, 2008	Publication Fee (N	o small entity discount	permitted)	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
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Typed or printed name Jeffrey R. Ambroziak Registration No. 47,387		1 1	Ambroziak		Registratio	n No4	47,387	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and subjuication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete subjuicting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete subjuicting form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Virginia 22313-1450.

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